Request Form for Oracle Access to NED Data

Please complete this form, obtain the appropriate authorization signature, and fax to: NED Team at 301-594-1151. For additional information, send email to: ned-ops@list.nih.gov.

Type of Request:	New Account Re	newal
Requestor Informat	ion:	
Name:		NIH ID#:
Institute/Center:	Organization:	
Telephone:	Email:	
Project Sponsor Info	ormation:	
Name:		NIH ID#:
Institute/Center:	Organization:	
Telephone:	Email:	
Describe how NED d	lata will be used: ervisor or Contract Offic	er Technical Rep.):
Name:		
Signature:		Date:
	ology General Rules of Beha	urpose stated above. Furthermore, I agree to avior described at:

Note: Accounts are issued for one year and must be renewed annually by submitting a renewal request to the NED Team. Renewal notices will be emailed to the account requestor and project sponsor one month prior to account expiration.